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CONFIRMATION NO. 5436

SERIAL NUMBER 10/675,288	FILING OR 371(c) DATE 09/30/2003 RULE	CLASS 128	GROUP ART UNIT 3771	ATTORNEY DOCKET NO.						
APPLICANTS William Joseph Jacob, Kansas City, MO;										
** CONTINUING DATA ***** NONE ASL 2/9/07										
** FOREIGN APPLICATIONS ***** NONE ASL 2/9/07										
IF REQUIRED, FOREIGN FILING LICENSE ** SMALL ENTITY ** GRANTED ** 12/23/2003										
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Amadur 4/29</i> ASL Examiner's Signature Initials	STATE OR COUNTRY MO	SHEETS DRAWING 4	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 1						
ADDRESS William Joseph Jacob 10904 Indiana Avenue Kansas City, MO 64137										
TITLE Periphery view goggle and remote breathing assembly										
FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <table border="1"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Credit</td> </tr> </table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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